

Home Visit Questionnaire

FEMA Assistance to Fire Fighters Grant (AFG) Program

Date of visit: _____

Name of occupant: _____ Home phone: _____

Street address: _____ Apt No. _____

City and state: _____ ZIP: _____

1. Type of Home:

- House Mobile home Other _____
 Duplex/Townhouse Multifamily

2. If entry to residence not possible, why not?

- No one home Minor only Entry refused, why?
 Language barrier Vacant home/lot _____

3. Name(s) of Fire Dept reps making the visit: _____

4. Positions of representatives making the visit (check all that apply):

- Firefighter (career or volunteer) Healthcare worker Volunteer
 Prevention Social worker Other _____

INSPECTION

5. Number of **working** smoke alarms (based on testing) _____
6. Number of **non-working** smoke alarms (based on testing) _____
7. **Private alarm system** present (do not test) Yes No

INSTALLATION

8. Number of smoke **alarms installed** during the visit? _____
9. **Type of alarm(s)** installed:
 Dual chamber Ionization Photoelectric
10. **Power source** of alarm(s) installed:
 Tamper-proof 10-year battery Hard-wired
 Replaceable battery Combination (battery and hard-wired)
11. Number of smoke alarm **batteries replaced**? _____
12. Did the home end up with the number of smoke alarms required by **code**? Yes No
*If no, was the occupant **advised of the number required**?* Yes No

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EDUCATION PROVIDED

13. **Occupant instructed on** (*check all that apply*):

- Testing and maintaining smoke alarms
 Other fire or injury safety subjects: (*Please list*) _____

14. **Ask occupant: Do you have a fire escape plan?**

Yes No

If yes....

Was the fire escape plan practiced in the last year?

Yes No

Where is your meeting place? (*check if any credible place cited*)

Has & credible

15. **Occupant given written fire or injury safety materials on:**

- Escape planning Specific causes or hazards: (*Please list*) _____
 General home safety _____

DEMOGRAPHICS (*ask resident*)

16. Do you **own or rent** your home? Own Rent

17. How many **people** live in your home? _____

18. How many children living in your home are **under age 5**? _____

19. How many people living in your home are **age 65 or older**? _____

20. How many people living in your home are **disabled**? _____

21. How many people living in your home are **smokers**? _____

22. Do you consider yourself: (*can check more than one: e.g., White and Hispanic*)

- African American Native American Mixed
 Asian Pacific Islander Other _____
 Hispanic/Latino White

AGREEMENT/RELEASE OF LIABILITY (if installation made)

I hereby request installation of a smoke alarm by fire operations personnel or their associates. I will not hold the City of _____ or its employees liable for injury to persons arising out of the installation, malfunction, or removal of the smoke alarms installed or given batteries. Further, I agree that I will not bring any claim against sponsors, employees, or volunteers of the city, and hold them harmless and release them from all claims, actions, damages, and liability resulting from the use or malfunction of the smoke alarm(s) installed. Further, I understand that the smoke alarm provided by this program is done for public safety. The sponsors or installers are not dealers of this type of goods and make no warranty on the smoke alarm. I agree to allow program representatives to inspect and verify the function of the alarm at a later date

Signed: _____

Date: _____

EVALUATION PLAN FOR ASSISTANCE TO FIREFIGHTERS GRANT PROGRAM Washington State Association of Fire Marshals

By Philip Schaenman, TriData/SPC

A key part of each grant made under the FEMA Assistance to Firefighters Grant (AFG) Program is the evaluation of what it accomplished. The tentative evaluation plan is outlined in the grant application.

This paper summarizes the evaluation plan for the integrated risk management/home visit project involving the cities of Portland, Vancouver, Dallas, Tucson, and Wilmington under the current AFG program. Each of these five participating jurisdictions needs to provide the data discussed below (or as close to it as feasible) to Philip Schaenman at TriData, who will pull it together for the final report.

Evaluation Concept

The general evaluation concept or model used here is first to show that the grant monies were spent on what they said they would be, namely purchasing smoke alarms and getting them installed in high-risk residences via home visits that also deliver some safety education directly to each home visited.

To achieve this, data needs to be collected on each home visit to document what was found and what was done—the number of working smoke alarms before and after the visit, and what information was delivered.

Second, information will be collected by each city on past trends in fires, deaths, and injuries and any visible initial impacts on them to see if the smoke alarms provided and information conveyed during home visits make any difference in the bottom line of fires, deaths, injuries, and dollar loss. Most of this impact would follow the grant period.

Third, we are to describe if anything changed with respect to how the fire department approaches prevention or thinks about prevention as a result of this project; new ways of doing prevention, new allies in the city, etc.

This evaluation plan has been approved by the evaluation subcommittee for the project, which included representatives of the U.S. Centers for Disease Control and Prevention, the University of Washington, and the WSAFM project director (Jim Crawford). It is based on an adaptation of the approach and form already used by Dallas, and what was outlined by TriData in the grant application. It is compatible with the larger, longer range plan for evaluation of AFG programs, and probably will be a touchstone for improving their evaluation further in the future, so we should try to do a good job here—it is not just punching a bureaucratic requirement, but trying to show whether the prevention concept can be applied nationally and perhaps save 1,000 lives a year, as has been comparably achieved in many cities in other nations when fully implemented.

Below we give the specifics on each of these areas, organized by types of data to be collected.

When Required – The home visit data and the baseline data in each city is needed two months before the end of the project, to allow time for analyzing it, writing the draft report, getting each city and the evaluation subcommittee and the WSAFM to review it, and

then putting out the final report. The project essentially started September 1, so the data is needed by July 1 unless an extension is obtained, which is likely. The report is the lasting knowledge about the project nationally. Knowing now what is required and doing a little advanced preparation will hopefully avoid a mad scramble by each city and TriData at the end of this project.

Two Data Sets – There are two sets of evaluation information for each city to amass. First is a database with information on each household visited. The core set of data needed on each home visit is shown on the home visit questionnaire. After the data is collected in the field using the questionnaire, the data should then be entered into the database. The participating cities are free to add more data elements to the questionnaire to collect locally desired information, but we need to be sent just the core here. We will give some guidance on how to fill out the questionnaire below.

The second set of data needed includes trends in the city, or better yet trends for the area of the city where the home visits are made, and information about how the project was implemented. That also is discussed in more detail below.

Home Visit Questionnaire

The questionnaire is to be completed for each home visit made in this project. It is one double-sided sheet of paper, including the release of liability paragraph if any smoke alarms are installed in the home. (See attached questionnaire.)

The questionnaire is based largely on the form that has been used by Dallas in the past several years, with some edits, rearrangements, additions, and deletions. Each city should enter the data from the hand-filled forms into the Access database. A city can add additional elements, but we only want the core data numbered consistently across cities.

The homes to be visited are to be selected by each city. The intent of this project was to focus on high-risk homes (e.g., known to have elderly or people with disabilities) or homes in high fire risk neighborhoods.

The first line of the form is the **address of the home visited**, and the **name of the principal person** who acted as head of household or lead respondent during the visit. This person must be at least 18 years of age or older.

The type of home is one-family dwelling, duplex, mobile home, multifamily, or other. If the entry here or elsewhere on the form is “Other”, meaning none of the check boxes, then write in what it is.

The “FD reps” are whomever the fire department had make the visit. They may be line firefighters, prevention personnel, volunteers not in the fire department, social or healthcare workers, or others. Usually a pair will be sent to each home to support each other and have witnesses to what transpired. Check the box or boxes that describe the team. We distinguish prevention personnel from line firefighters; prevention is anyone whose prime job is prevention or public education. Prevention personnel may be firefighters but we want to see where line personnel as opposed to prevention personnel are used for the home visits.

More than one box can be checked here; so if one person is a volunteer and another a firefighter, both boxes would be checked. If both were firefighters, only one box would be checked. If any city allows other than a pair to make the visit, that should be part of its description of its program approach.

The form also asks for how many **smoke alarms** were **working**, and how many were **not working**. Obviously this requires testing them by pushing the test button on each. If the home has a private, hard-wired alarm system, do not test it to avoid false alarms; rather, indicate how many smoke alarms were on the system. If **batteries** are provided for any non-working alarms, note the number replaced. If any **smoke alarms are installed**, note the number, **type of alarm**, and **power source**. This will yield data to show the improvement in home safety in terms of increased smoke detection. Even if we have nothing else to show, this data is important because of the known high impact of working smoke alarms on life safety.

Some cities may wish to install all the smoke alarms required by local code, which might be as much as one per bedroom and hallway area. Others may wish to install one alarm and ask the household to get the rest themselves. The form asks if the number of smoke alarms at the conclusion of the visit **meets code**, and if not, was the occupant advised.

The form then asks about the **safety information delivered verbally** or with **written materials**. One item that should always be addressed by those conducting the visit is **how to test and maintain** the type of smoke alarms present. Another topic to always address is whether the household has a **home escape plan** and if they **practice** it. As a rough validity check, ask where their meeting place is; you don't have to write in what they say, just that they have some credible answer. Generally this would be a place outside like the mailbox in front of a house. If not a sensible place, they should be so instructed.

Besides the block of questions on smoke alarms and escape plans, the form asks to write in any **other safety topics addressed verbally**, and to check what types of **safety literature** is left for the household. . The information may include injury safety as well as fire safety. This data on messages provided can be used to see if this one-on-one public education during home visits makes a difference, and whether this mode has greater impact than more general safety programs using the media, posters in public places, etc.

The last block of questions is on the demographics of the household. The questions on **own/rent, number of people living in the household, number 5 or younger, number 65 or older, and number disabled** should be self-evident. Disabilities can be physical or mental; up to the resident to say whether a person is disabled. The question on **race/ethnicity** is sensitive. We ask the respondent what race they consider themselves, and it can be a combination of races, or a combination of Hispanic and a race or other. Again, we only focus on the person speaking for the household; we are not asking about varied ethnicity within the household.

Entering Data into the Database

The data from the questionnaire needs to be entered into a simple Access database for analysis, which is enclosed. The questions and their order in the database match the questionnaire. Some fields are for numbers only (e.g., number of working smoke alarms in the home) and will not accept text in the answer. When finished entering data for a particular home visit, click "Enter New Record" at the top of the form to start a new record. This database is to be sent to TriData for analysis two months before the end of the project, as noted above.

Baseline Fire Safety Data

The bottom line impact of this program should be a reduction in reported fires, deaths, injuries, and dollar loss. To assess whether such impacts occur, each city needs to provide the following for several years prior to starting the program, and then for several years after the programs.

Trends in fires, deaths, injuries, and dollar loss citywide, and preferably for the higher risk areas of the city to which the program is targeted, should be provided prior to the start of the program. That is, if you focus visits on an area of the city with low income households, we would like to see the trends in that area before and after the program. (Ideally, it would be for three years prior to installation, and as many months as possible after installation.) However, because everyone is running late and installations will not be completed until the second half of the grant year or so, and the numbers of installations are only in the thousands, it is unlikely that there will be adequate data to measure the impact during the grant period. But at least we should be able to say at the end of the grant that we have the baseline data for each city to continue the evaluation beyond the grant period.

Even better is to collect data on the fire experience of the particular households visited before and after the visit. Cities using NFIRS should be able to do this by address of the households. You should be able to evaluate over time whether there is a change in the fire experience of the particular households visited.

Note that the trend data should be expressed in the rates of incidence and casualties per 1,000 (or 100,000) population, or the raw totals for a fixed group of residences.

Smoke Detector Usage Rates – It also would be desirable to provide data on the percent of households that have smoke alarms in your city, and how this varies by risk area of the city, if you have that data. It is beyond the scope of this project to collect that data if you don't have it; we will collect data on the smoke alarm usage and status in the households visited, but it would be good to show that data in context of the overall city. For example, your city might have 95% of households having at least one smoke alarm, and 20% of the alarms not working at a given time. In the high risk area, there might be only 80% of households with at least one smoke alarm, and 30% of them not working. But in the high-risk households visited, the percent with working alarms should be 100% at the end of the visits.

Number of Homes with Attempted Visits- While it is desirable to fill out the top part of the home visit form for every visit attempted, to record the address and reasons for non-admission, some departments or personnel will not do that. At a minimum, track the **total number of visits attempted**. This will show the magnitude of the effort made, and will allow computation of the percent of attempts that are successful. That can be used to shape future efforts. It is also useful to know if there are repeated attempts made to visit some homes. Each department can tally this information any way it wishes- just report the total number of attempts and number of households with multiple attempts..

Qualitative Information

Qualitative information describing how the home visit program was implemented in each city is important to provide insights on changing the culture of the fire service with respect to prevention, and the targeting of programs, and the use of partnerships under an integrated risk management concept. The following information should be provided at the end of the project year for the evaluation report.

How were the households chosen to receive home visits? – Was there an integrated risk management approach taken? (e.g., citywide analysis of geographic areas with highest residential fire rates; areas with known concentrations of elderly, or low income households, or selected ethnic/racial groups?) Was the choice of households or blocks left to local stations, which focused on higher risk areas they knew of? Was the program advertised in certain areas or citywide, and then households asked to request a visit if interested?

How was the program run? – Was it run centrally, from the prevention bureau, or by the public educator or by a particular officer? Or was it decentralized, with each station or district deciding where to go? Other combinations are possible too.

What was the receptivity of the line firefighters to implement this program? – How was the program explained to the firefighters? What was their willingness to participate before and after implementation? (e.g., were they reluctant then enthusiastic; reluctant and more reluctant). Any insights in how to change the culture to get the prevention job done and accepted?

Was there any attempt to coordinate the program with other city or private agencies, such as social services and health services? – We know that in many cities internationally, the fire service liaised with local health and social services and police to identify specific high fire risk households, and even do testing of smoke alarms in the course of visits by nurses, meals on wheels, social workers and others. City managers and citizens like synergism of services in tight budget times.

Need help? – The above information should meet what we promised AFG in the proposal. We would be glad to answer questions on the data needed; contact Philip Schaenman at pschaenman@sysplan.com or (703) 351-8300.